MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2599 012587

Reg. Dist. No. 100

Item 9. FilmG18- 4-18-55 e t

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) BRAWNER

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	M	NOV 1886	68 [illegible] yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woods Labor	Farming	Clark Co Md	U S A

13. FATHER'S NAME: Frank Brawner

14. MOTHER'S MAIDEN NAME: Lake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		—	Forrest Brawner Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Acute congestive failure	6 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arteriosclerosis	20 years.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 25 Feb., 19 55, to 6 Mar, 19 55, that I last saw the deceased alive on 6 Mar., 19 55, and that death occurred at 5:20 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Frederick M. Johnson	M.D.	La Plata Md	7 Mar 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-10-1955	Holy Ghost	Issue Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/10/55	Julia H. Casey	Hunt & Fyo.	Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

02588

26 0

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James; (Middle) William; (Last) Butler

4. DATE OF DEATH: (Month) 3; (Day) 21; (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Nov 13 1949

9. AGE last birthday: 6 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest E. Butler

14. MOTHER'S MAIDEN NAME: Marguerite Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Ernest Butler Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.0

Immediate cause (a) Decapitation from 20 gauge shot gun blast — Interval between onset and death: 3-21-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Waldorf (COUNTY): Chas (STATE): Md.

TIME OF INJURY (Month) 3 (Day) 21 (Year) 55 (Hour) 10-30 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? 6 yr old sister playing w Gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E. Fedelem (Degree or title): MD ADDRESS: La Plata Md DATE SIGNED: 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: March 23 1955 NAME OF CEMETERY OR CREMATORY: St Peters LOCATION (City, town, or county): Waldorf (State): Md

DATE REC'D BY LOCAL REG. 3-22-55 REGISTRAR'S SIGNATURE: M. L. Mower

24. FUNERAL DIRECTOR: Hunt & Ryon ADDRESS: Waldorf, Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02589

CERTIFICATE OF DEATH

Reg. Dist. No. 400

2601

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Hughesville

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville X

STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Gill (Last) Canter

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White-US	Married	June 8, 1873	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland	U.S.

13. FATHER'S NAME: Henry Canter

14. MOTHER'S MAIDEN NAME: Alice Sothoron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No —	—	Mrs. Ethel Long Hughesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Chronic Nephro-Sclerosis (Terminal Uremia)	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized Arterio-Sclerosis	10 years
	DUE TO (c) Arterio Sclerotic Heart Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
—	—	—	M.		—

22. I hereby certify that I attended the deceased from June, 1947, to March 29 1955, that I last saw the deceased alive on March 29, 1955, and that death occurred at 1045 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville, Md.	3/31/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/1/55	Old Field	Hughesville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/31/55	Julia H Casey	Hunt & Cyon	Waldorf Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02590

2602

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Ches- — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newport — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tompkinsville — X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Ralph (Last) Copher

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1955

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Mar 13, 1904 — 9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Copher — 14. MOTHER'S MAIDEN NAME: Sarah Guyton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs. H. Hayden, Dahlgren, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

822 X

Immediate cause (a) Crushed Chest — Interval between onset and death: 3-27-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident — 3-27-55

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY: Highway — (CITY OR TOWN): Newport — (COUNTY): Ches — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 27 55 8 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Driver of car that overturned on turn

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: C. Edelen — (Degree or title): MD — ADDRESS: LaPlata Md — DATE SIGNED: 3-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/30/55 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue, Md.

DATE REC'D BY LOCAL REG.: 3/29/55 — REGISTRAR'S SIGNATURE: Julia H Causey — 24. FUNERAL DIRECTOR: Arehart Funeral Home — ADDRESS: LaPlata, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02591

2613

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Copher

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 1868

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Henry Hayden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 442X Respiratory Collapse	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congestive heart failure	3 mos.
	DUE TO (c) Senile Cardio-renal disease	2 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19.54, to 15 Mar, 19.55, that I last saw the deceased alive on 15 Mar, 19.55, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE S Brooder (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 15 Mar 55.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-17-55 — NAME OF CEMETERY OR CREMATORY Holy Ghost - Issue — LOCATION (City, town, or county) Issue (State) Md

DATE REC'D BY LOCAL REG. 3/16/55 — REGISTRAR'S SIGNATURE Julia H Baney

24. FUNERAL DIRECTOR Hunt + Ryon — ADDRESS Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02592

2694

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) Davis (Last)

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 3-10-55

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 4, Min. 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Louis Davis

14. MOTHER'S MAIDEN NAME: Vera Elsie Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wm. L. Davis, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 3-11-55

DUE TO

Antecedent cause(s) Disesses or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c) None

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11 19 55, to 3-11, 19 55, that I last saw the deceased alive on 3-11, 19 55, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md. DATE SIGNED 3-11-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3/13/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Waldorf Md (State)

DATE REC'D BY LOCAL REG. 3/13/55 — REGISTRAR'S SIGNATURE Julia A. Carey

24. FUNERAL DIRECTOR Wm. L. Davis, Waldorf Md — ADDRESS

2035293236

4671 Way 2646

2615 MARYLAND STATE DEPARTMENT OF HEALTH 02593

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Clas — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marshalls Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) A. (Last) Day
4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 55
5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D
8. DATE OF BIRTH: 1-22-12
9. AGE last birthday: 43 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Josh Day
14. MOTHER'S MAIDEN NAME: Kate Day
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Christine Johnson, Tompkinsville, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X

Immediate cause (a) Broken neck — Interval Between Onset and Death: 3-28-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) auto accident — 3-28-55

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Marshalls Corner (COUNTY) Clas (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 28 (Year) 55 (Hour) 2 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Rider in auto that overturned on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, ~~Inquiry~~ ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. Redden (Degree or Title) MD ADDRESS La Plata Md DATE SIGNED 3-28-55

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 3/29/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Monstrose (State) Va

DATE REC'D BY LOCAL REG. 3/29/55 — REGISTRAR'S SIGNATURE Julia H Carey

24. FUNERAL DIRECTOR — ADDRESS Arthur Funeral Home, La Plata, Md

VS. A15A

2616

MARYLAND STATE DEPARTMENT OF HEALTH

02594

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Mc Arthur (Middle) D (Last) Dupree
4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Abt
9. AGE last birthday: about 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco
11. BIRTHPLACE (State or foreign country): Unk
12. CITIZEN OF WHAT COUNTRY? U
13. FATHER'S NAME: Unk
14. MOTHER'S MAIDEN NAME: Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unk
16. SOCIAL SECURITY No.: Unk
17. INFORMANT AND ADDRESS: Friends Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) Conflagration — INTERVAL BETWEEN ONSET AND DEATH: 3-21-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home — (CITY OR TOWN) Waldorf — (COUNTY) Chas — (STATE) Md
TIME OF INJURY (Month) 3 (Day) 21 (Year) 55 (Hour) 1 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? House destroyed by fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*
SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
H Medelen MD — La Plata Md — 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-28-55 — NAME OF CEMETERY OR CREMATORY H Pools — LOCATION (City, town, or county) (State) Waldorf, Md
DATE REC'D BY LOCAL REG. 3-30-55 — REGISTRAR'S SIGNATURE M. L. Mercer
24. FUNERAL DIRECTOR — ADDRESS: Hunt & Ryon — Waldorf Md

VS. A15A

2607

02595

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Marshall Hall
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bryans Roads P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural
STREET ADDRESS (If rural, give location): Bryans Roads P.O.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) A. (Last) Espach

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2, 1879
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas Atkins
14. MOTHER'S MAIDEN NAME: Anna Pierace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Walter Clark Espach, Bryan Rd. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Immediate

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16-55, 19......., to 3-16-55, 19......., that I last saw the deceased alive on 3-16, 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: Jas. E. Edwards (Degree or title) M.D. ADDRESS: Indian Head Md. DATE SIGNED: 3-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-19-55
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county): Arlington (State) Va.

DATE REC'D BY LOCAL REG.: 3/16/55
REGISTRAR'S SIGNATURE: Julia H. Posey
24. FUNERAL DIRECTOR: Hunt & Ryan
ADDRESS: Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

26 8

CERTIFICATE OF DEATH

02596

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HUGHESVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HUGHESVILLE
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (Type or Print) (First) ELLEN (Middle) ROSE (Last) FARMER

4. DATE OF DEATH: (Month) MARCH (Day) 10 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCTOBER 15, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: RICHARD BRISCOE

14. MOTHER'S MAIDEN NAME: LUCY CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: HORTENSE WOODLAND HUGHESVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause — (a) Arteio Sclerotic Heart Disease (Congestive Failure) — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteio-Sclerosis — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1947, to 3/10, 1955, that I last saw the deceased alive on 3/10, 1955, and that death occurred at 11 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John N. Griffin M.D. ADDRESS Hughesville Md. DATE SIGNED 3/11/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-14-55 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) Bryantown — (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/14/55 — REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 012597

CERTIFICATE OF DEATH

2679 Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORF
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORF
STREET ADDRESS (If rural give location) STATE ROUTE #5

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) GOLDSMITH

4. DATE OF DEATH: (Month) MARCH (Day) 31 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: W-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 11, 1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM STONESTREET

14. MOTHER'S MAIDEN NAME: SARAH JANE MONTGOMERY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MISS EMILY GOLDSMITH WALDORF, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL HEMORRHAGE, LEFT — Interval Between Onset And Death: 10 HOURS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) CEREBRAL ARTERIO-SCLEROSIS — 5 YEARS

DUE TO

(c) GENERALIZED ARTERIO-SCLEROSIS — 15 YEARS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JULY, 1954 to MARCH 31, 1955, that I last saw the deceased alive on MARCH 31, 1955 and that death occurred at 10.20 PM., from the causes and on the date stated above.

SIGNATURE John N. Griffin (Degree or title) M.D. ADDRESS Hughesville Md. DATE SIGNED 4/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/4/55 NAME OF CEMETERY OR CREMATORY St. Peters LOCATION (City, town, or county) Valdorf (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 4-6-55 REGISTRAR'S SIGNATURE M. L. Mourdt

24. FUNERAL DIRECTOR Hunt & Ryon, ADDRESS Valdorf Maryland

2610 MARYLAND STATE DEPARTMENT OF HEALTH 02598

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

Item 7, FilmG179 4-5-55 et plus film G180 4-14-55 L

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah | LENGTH OF STAY (In this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Clifton (Last) Johnson
4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 19 55

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH 9-26-23 | 9. AGE last birthday 31 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Philip Johnson | 14. MOTHER'S MAIDEN NAME Cora Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 577-22-8748 | 17. INFORMANT AND ADDRESS Chester Swann Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8197 Immediate cause (a) Concussion of stomach contents due to Shock. — Interval between onset and death: 3-21-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture both legs - (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Mason Springs | (COUNTY) Chas | (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 21 (Year) 55 (Hour) 12:30 P.M. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Driving auto that left bridge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE C. Medelen (Degree or title) MD ADDRESS La Plata Md DATE SIGNED 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-24-55 | NAME OF CEMETERY OR CREMATORY St Charles | LOCATION (City, town, or county) Hughesville (State) Md

DATE REC'D BY LOCAL REG. 3/23/55 | REGISTRAR'S SIGNATURE Julia H. Casey | 24. FUNERAL DIRECTOR Tennyson & Cofer | ADDRESS Pisgah Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2611

CERTIFICATE OF DEATH

Reg. Dist. No. 12599

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LA PLATA
LENGTH OF STAY (in this place): 22 DAYS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEWPORT
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) THERESA (Last) KNOTT

4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JUNE 23, 1952

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY: CHILD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN W. KNOTT

14. MOTHER'S MAIDEN NAME: MARY A. COLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: JOHN W. KNOTT NEWPORT, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
916.0 Immediate cause	(a) BURNS, 2nd + 3rd DEGREE OF 80% OF BODY SURFACE (FACE, NECK, ARMS, SHOULDERS, ANTERIOR CHEST, TRUNK, BUTTOCKS, AND LEGS)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	22 Days
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): HOME

(CITY OR TOWN): NEWPORT (COUNTY): CHARLES (STATE): MARYLAND

TIME OF INJURY (Month) FEBRUARY (Day) 7 (Year) 1955 (Hour) 4:30 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? CHILD PLAYING WITH MATCHES; IGNITED CLOTHING AND BURNED 80% OF BODY SURFACE.

22. I hereby certify that I attended the deceased from FEBRUARY 7, 1955, to MARCH 1, 1955, that I last saw the deceased alive on MARCH 1, 1955, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: John W. Griffin, (DEGREE OR TITLE) M. D. ADDRESS: HUGHESVILLE, MARYLAND DATE SIGNED: 3/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 3/3/1955

NAME OF CEMETERY OR CREMATORY: St Mary's

LOCATION (City, town, or county) (State): Newport Md

DATE REC'D BY LOCAL REG.: 3-5-55

REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR: Hunter & Ryon Waldorf Md ADDRESS

2612

02600

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: La Plata, Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X La Plata Md
LENGTH OF STAY (In this place): five days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 Physicians Memorial Hospital, La Plata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head X
STREET ADDRESS (If rural, give location): 9-Strauss Ave. 1

3. NAME OF DECEASED (Type or Print): (First) Edith May (Middle) (Last) Knott

4. DATE OF DEATH: (Month) 3-5-55 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-29-1881

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles County Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Stanley Smith

14. MOTHER'S MAIDEN NAME: Lucy Tayman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N/A — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mrs Catherine Newman (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 X

Immediate cause (a) Coronary Thrombosis — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Appoplexy — 14-Days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-55, 19 3-5-55, 19, that I last saw the deceased alive on 3-5-55, 19, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. Andrews MD.

ADDRESS: Indian Head Md

DATE SIGNED: 3-6-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/8/55 — NAME OF CEMETERY OR CREMATORY: St Charles — LOCATION (City, town, or county) (State): Clagmont, Md.

DATE REC'D BY LOCAL REG. 3/7/55 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR — ADDRESS: Hewett + Ryon, Waldorf, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02601

2613

CERTIFICATE OF DEATH

Item 21 Film G179 3-23-55 ams FOR MEDICAL EXAMINERS

Items 11, 12, FilmG179 3-18-55 et

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Lawson

4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 19 55

5. SEX M — 6. COLOR OR RACE C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH Unknown — 9. AGE Last birthday 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Nanjemoy, Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Steven Lawson — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Pauline Craig - Grayton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

936.5 Immediate cause (a) Hemorrhage — 3-11-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Varicose ulcer of leg

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY at waterfront — (CITY OR TOWN) Walking along waterfront caring for boats — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 3-11-55 m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Fell hurting leg on the side of a piece of timber rupturing a varicose vein.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD — ADDRESS La Plata Md — DATE SIGNED 3-11-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/13/55 — NAME OF CEMETERY OR CREMATORY Oak Grove — LOCATION (City, town, or county) (State) Nanjemoy, Charles Md.

DATE REC'D BY LOCAL REG. 3/2 5-5- — REGISTRAR'S SIGNATURE A V Thompson — 24. FUNERAL DIRECTOR Johnson and Jenkins — ADDRESS 1702-12th St. N.W. Washington, D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02602

2614

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X (Rural) Waldorf

LENGTH OF STAY (in this place): 48y 20-5

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Waldorf. X

STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Lyles

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 12, 1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Waldorf. Md.

12. CITIZEN OF WHAT COUNTRY? U-S

13. FATHER'S NAME: Alex Shorter

14. MOTHER'S MAIDEN NAME: Mary Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Robert Lyles, Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 wk

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — 2-3 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 19 55, to 3/15, 19 55, that I last saw the deceased alive on 3/14, 19 55, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frank A. Susan M.D. Indian Head, Md. 3-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-18-55

NAME OF CEMETERY OR CREMATORY: St. Joseph Catholic Church

LOCATION (City, town, or county) (State): Pomfret, Md

DATE REC'D BY LOCAL REG.: 3-18-55

REGISTRAR'S SIGNATURE: M. L. Monroe

24. FUNERAL DIRECTOR: Hewitt & Ryon ADDRESS: Waldorf Md

13

2615

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02603

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Columbus (Middle) (Last) Marshall

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1955

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid | 8. DATE OF BIRTH Unk. | 9. AGE last birthday 71 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Andrew Marshall | 14. MOTHER'S MAIDEN NAME Carrie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Charles Marshall, Malcolm md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Conflagration — 3-21-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
916.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Waldorf | (COUNTY) Chas | (STATE) Md

TIME OF INJURY (Month) 3 (Day) 21 (Year) 55 (Hour) 1:30 PM | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Home Burns

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE C. Medelen (Degree or title) Md ADDRESS LaPlata Md DATE SIGNED 3-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-25-55 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. 3-22-55 | REGISTRAR'S SIGNATURE M. L. Monroe | 24. FUNERAL DIRECTOR Hoard & Ryon, Waldorf Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02604

CERTIFICATE OF DEATH

2616 Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicans Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) J. (Last) MITCHELL

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 16, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Mitchell

14. MOTHER'S MAIDEN NAME: Emily E. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: James C. Mitchell - La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 331X Respiratory Collapse.	3 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral vascular accident.	58 days
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 XX, to 10 Mar. 19 55, that I last saw the deceased alive on 10 Mar., 19 55, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
S.D. Woodall. MD La Plata. 11 May 55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-13-55 — NAME OF CEMETERY OR CREMATORY Mount Rest — LOCATION (City, town, or county) (State) La Plata, Md

DATE REC'D BY LOCAL REG. 3/13/55 — REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Huntt + Ryon — Waldorf, Md — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2617

CERTIFICATE OF DEATH

026055

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf (Rural) — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf (Rural) X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) . (Last) Moreland

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept 21 1882

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self ✓

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stephen Brady ✓

14. MOTHER'S MAIDEN NAME: Martha Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mary William Waldorf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) 443X Congestive Heart Failure — Interval between onset and death: 1953

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertension — 1948

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1955, to 3-12-1955 that I last saw the deceased alive on 3-12-1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C. Edelen M.D. ADDRESS La Plata Md DATE SIGNED 3-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-16-55 — NAME OF CEMETERY OR CREMATORY St Peters — LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 3-16-55 — REGISTRAR'S SIGNATURE M. L. Mourk

24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf Md

02606

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2618

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton

LENGTH OF STAY (in this place): 7

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton

STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EMILY (Last) MURRAY

4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1890

9. AGE Last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JIM Short

14. MOTHER'S MAIDEN NAME: Betty Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Blanche Proctor, Bel Alton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	2 minutes
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chronic passive congestion	7 years
	(c) DUE TO arteriosclerosis	20 years

450.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Feb, 1955, to 26 Mar, 1955, that I last saw the deceased alive on 25 Mar, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: Frederick M. Johnson (DEGREE OR TITLE) M.D. ADDRESS: La Plata, Md. DATE SIGNED: 26 Mar 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-29-55 — NAME OF CEMETERY OR CREMATORY: St Thomas Cemetery — LOCATION (City, town, or county) (State): Bel Alton Md

DATE REC'D BY LOCAL REG.: 3/28/55 — REGISTRAR'S SIGNATURE: Julia A Casey

24. FUNERAL DIRECTOR — ADDRESS: Hoott & Ryon, Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02607

CERTIFICATE OF DEATH

2619 Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 St. Mary's Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) F (Last) Olmsted

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1955

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

8. DATE OF BIRTH: 9-13-92

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer **10b. KIND OF BUSINESS OR INDUSTRY:** Farming

11. BIRTHPLACE (State or foreign country): ~~New York~~ Japan **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: Franklin H Olmsted

14. MOTHER'S MAIDEN NAME: Landes May Otis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No **16. SOCIAL SECURITY NO.:** — **17. INFORMANT & ADDRESS:** Ernestine Glova Olmsted

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X
Immediate cause (a) Cerebral embolism
DUE TO
Antecedent cause(s) (b) Cerebro-Vas Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2-15-55

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-55, to 3-4-55, that I last saw the deceased alive on 3-3-55, and that death occurred at ..... m. from the causes and on the date stated above.

SIGNATURE L. Edelen (DEGREE OR TITLE) MD ADDRESS La Plata Md DATE SIGNED 3-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 3-9-1955 NAME OF CEMETERY OR CREMATORY Catskill Cemetery LOCATION (City, town, or county) Catskill (State) New York

DATE REC'D BY LOCAL REG. 3/6/55 REGISTRAR'S SIGNATURE Julia H. Posey **24. FUNERAL DIRECTOR** Hewitt & Ryon ADDRESS Waldorf Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02608

2620 CERTIFICATE OF DEATH Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) x WALDORF | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHAS
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WALDORF x
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Watham (Middle) E (Last) Potter
4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	4-16-1885	69 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMING	St MARYS Co, Md	US

13. FATHER'S NAME: FRANK Potter
14. MOTHER'S MAIDEN NAME: Elizabeth THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	CORA E. POTTER, WALDORF, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cancer of the DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) tongue DUE TO
(c)

141x

Interval Between Onset And Death: 1953 to 1955

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1955-3-9, to 3-26, 1955, that I last saw the deceased alive on 3-26, 1955 and that death occurred at 9 AM, from the causes and on the date stated above.

SIGNATURE E. Eddelen (Degree or title) MD ADDRESS La Plata Md DATE SIGNED 3-27-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-28-55	St Peter's Cemetery	WALDORF Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-30-55	M. L. Moore	HUNTT & RYON	WALDORF, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02609

2621

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9, filmC178 3-15-55 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Peterson Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (Last) Rhodes.

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 31, 1876

9. AGE last birthday: 78 7/12 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas L. Huntt

14. MOTHER'S MAIDEN NAME: Rachel Coome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 220-26-6412B

17. INFORMANT & ADDRESS: Wilmina B. Rhodes Pisgah Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442X Immediate cause	(a) Cerebral vascular accident.	18 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) hypertension cardio-renal disease	3 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Feb., 19 55, to 3 Mar., 19 55, that I last saw the deceased alive on 3 Mar., 19 55, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. R. Woodall MD La Plata. 3 Mar 55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF:	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-7-55	St Charles	Bluemont Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/6/55	Julia D. Casey	Huntt & Ryon Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02610

2622

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Thomas	H	SAVOY	MAR	9	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	M	?	70 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	retired	Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Savoy	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	—	Della Savoy, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331 X **Immediate cause**	(a) Cerebral vascular accident	15 min
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arteriosclerosis	20 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar 7, 1955, to Mar 9, 1955, that I last saw the deceased alive on Mar 7, 1955, and that death occurred at 9:05 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Frederick Mc Johnson M.D	La Plata, Md.	Mar 9 55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/55	St. Catherine	Port Tobacco Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/55	Julia R Posey	Penny & Cope, Moon Springs Md.	

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02611

2623

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dentsville — LENGTH OF STAY (in this place) 94 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dentsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) FRANKLIN (Last) SIMPSON

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	2-7-11	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Merchant	Store-groc.	MD.	U.S.A.

13. FATHER'S NAME: Benjamin P. SIMPSON

14. MOTHER'S MAIDEN NAME: Ellen K. Goode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	219-16-1920	BERNADETTE SIMPSON (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) CORONARY OCCLUSION DUE TO	3-30-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Gen. Art. SCLEROSIS DUE TO	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		—		

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1953 to 3-30, 1955, that I last saw the deceased alive on 3-16, 1955, and that death occurred at 4:45 P.m. from the causes and on the date stated above.

SIGNATURE E. Hedelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED 3-30-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/2/55	Sacred Heart	Bushwood	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/55	Julia H. Posey	Arehart Funeral Home Inc	La Plata Md.

2624

04590
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Marbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aerhart Funeral Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) UNIDENTIFIED (Middle) (Last) INFANT

4. DATE OF DEATH (Month) March (Day) 30 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: ?

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE Last birthday: ? min. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

795.3

Immediate cause (a) Viable male fetus-presumably drowned

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY creek

21c. (City or town) Near Marbury (County) Charles (State) Md.

21d. TIME OF INJURY (Month) March (Day) 30, (Year) 1955 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Found in water presumably drowned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 5/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremated

DATE THEREOF 5-11-55

NAME OF CEMETERY OR CREMATORY Morgue

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 13, 1955

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS

9V3599V99V

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02612

2625

CERTIFICATE OF DEATH

Reg. Dist. No. 160

Items 8,9, Film C179 3-18-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS La Plata Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Guy (Middle) Carlton (Last) Wedding

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug 2 1904

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Charles Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Wedding

14. MOTHER'S MAIDEN NAME: Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 000

17. INFORMANT & ADDRESS: Carlton Wedding Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3-1-55

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 19 55, to 3-6, 19 55, that I last saw the deceased alive on 3-6, 19 55, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Kelly MD — ADDRESS La Plata Md — DATE SIGNED 3-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-9-1955 — NAME OF CEMETERY OR CREMATORY Pisgah Methodist — LOCATION (City, town, or county) Pisgah (State) Md.

DATE REC'D BY LOCAL REG. 3/10/55 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Shuntz & Ryon — ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02613

CERTIFICATE OF DEATH

2626

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X; STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Turner (Last) Willett

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 29, 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Waldorf Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James E. Willett

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Marie Adell Accokeek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Myocardial Apoplexy

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) C.V.D.

DUE TO

(c) Senility

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 3/1 to 3/21 19 55, that I last saw the deceased alive on 3/21 19 55, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE Dr. Welsh (Degree or title) M.D. ADDRESS Waldorf Md DATE SIGNED 3/22/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3-23-55; NAME OF CEMETERY OR CREMATORY Oakland; LOCATION (City, town, or county) Waldorf; (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-22-55; REGISTRAR'S SIGNATURE M E Moore

24. FUNERAL DIRECTOR Hewitt & Ryon; ADDRESS Waldorf Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15